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Bib Data Sheet

CONFIRMATION NO. 1857

<b>SERIAL NUMBER</b> 10/076,266	<b>FILING DATE</b> 02/15/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Denis Eon Solomon, Miami, FL;					
<b>** CONTINUING DATA *****</b> <i>None</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>OK</i> UNITED KINGDOM GB 0008079.6 04/04/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/23/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> DENIS EON SOLOMON 233 SW 31ST ROAD MIAMI , FL 33129					
<b>TITLE</b> Surgical-medical dressing for the treatment of body burns and for wound healing which employs human umbilical vein endothelial cell conditioned medium for human cell growth used in the manufacture of the dressing					
<b>FILING-FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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## \*BIBDATASHEET\*

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Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> FLEIT KAIN GIBBONS GUTMAN BONGINI & BIANCO 750 SOUTHEAST THIRD AVENUE SUITE 100 FL. LAUDERDALE , FL 33316-1153				
<b>TITLE</b> Surgical Medical Dressing				
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	